

APPLICATION COVER SHEET

Community Name: _____ Fed Tax ID No: _____
Address: _____ City: _____ Zip: _____
Telephone: _____ Fax: _____
Website: <http://> _____

Authorized Official:

Name: _____ Title: _____
Address: _____ City: _____ Zip: _____
Telephone: _____ Fax: _____
E-Mail: _____

Program Manager:

Name: _____ Title: _____
Address: _____ City: _____ Zip: _____
Telephone: _____ Fax: _____
E-Mail: _____

Project Narrative:

Attach additional pages as necessary.

Grant Request: \$ _____ Community Match: \$ _____